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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/711,279
Filing Date	09/07/2004
First Named Inventor	Gary Haughton
Title	MIXING APPARATUS
Art Unit	1723
Examiner Name	n/a
Attorney Docket Number	904/93177pusB

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer
Number:

006431

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/>	Firm or			
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	April 8/05
Name	Gary Haughton	Telephone	(905) 827-2299
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

 *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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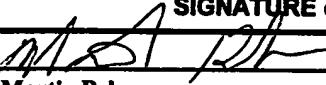
<input type="checkbox"/> Firm or			
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	4/11/05
Name	Martin Behr	Telephone	905-469-4768
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Tom Ostrowski</i>	Date	APRIL 5 th , 2005
Name	Tom Ostrowski	Telephone	(416) 419-0929
Title and Company			

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